

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Gregory D. Plowman, et al.

Title: MAMMALIAN PROTEIN  
PHOSPHATASES

Prior Appl. No.: 09/986,992

Prior Appl.  
Filing Date: 11/13/2001

Examiner: Unassigned

Art Unit: Unassigned

**CONTINUING PATENT APPLICATION**  
**TRANSMITTAL LETTER**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☒ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Application Data Sheet (37 CFR 1.76) (4 pages).
- ☒ Preliminary Amendment (5 pages).
- ☒ Specification, Claim(s), and Abstract (143 pages).
- ☒ Drawings (2 sheets).
- ☒ Copy Declaration and Power of Attorney from prior application (4 pages).

- ☒ Paper Copy of Sequence Listing (6 pages).  
☒ Information Disclosure Statement (2 pages).  
☒ Form PTO/SB/0B (1 page).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	2	-	20	=	0	x	\$18.00	=	\$0.00
Claims:									
Independ	1	-	3	=	0	x	\$86.00	=	\$0.00
ents:									
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00
							TOTAL FEE	=	\$770.00

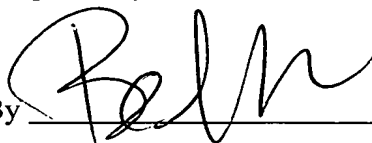
- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date 11/20/03

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Respectfully submitted,

By 

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